

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 58f169

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1					51					
2	1			1				52					
3	2			1				53					
4	0			1				54					
5	0			1				55					
6	0			1				56					
7	0			1				57					
8	0			1				58					
9	0			1				59					
10	0			1				60					
11	0			1				61					
12	0			1				62					
13	0			1				63					
14	0			1				64					
15	0			1				65					
16	0			1				66					
17	1			1				67					
18	1			1				68					
19	1			1				69					
20	1			1				70					
21	2			1				71					
22	2			1				72					
23	0			1				73					
24	0			1				74					
25	0			1				75					
26	0			1				76					
27	0			1				77					
28	0			1				78					
29	0			1				79					
30	0			1				80					
31	0			1				81					
32	0			1				82					
33	0			1				83					
34	0			1				84					
35	0			1				85					
36	1			1				86					
37	1			1				87					
38	1			1				88					
39	1			1				89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5		5					TOTAL IND.					
TOTAL DEP.	37	←	34	←		←		TOTAL DEP.		←	←	←	←
TOTAL CLAIMS	42	[REDACTED]	39	[REDACTED]				TOTAL CLAIMS		[REDACTED]		[REDACTED]	